



As Laid Drainage

Working Together

Building Consent Number: ..... Date: ..... / ..... / ..... No. of pages: .....

Building Address: .....

Drain Layer Name: ..... [Please print clearly] Signature: .....

Registration Number: ..... Business Name: .....

To Council: [Tick]

- Hamilton
- Hauraki
- Matamata-Piako
- Otorohanga
- Thames-Coromandel
- Waipa
- Waikato
- Waitomo

